



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
**DEPARTMENT OF STATE**  
DIVISION OF PROFESSIONAL REGULATION  
BOARD OF MEDICAL LICENSURE AND DISCIPLINE

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: DPR.DELAWARE.GOV

**APPLICATION FOR LICENSURE AS A GENETIC COUNSELOR  
INSTRUCTION SHEET**

Read all instructions carefully before completing and submitting your application. If your application is not complete within six months of filing, it may be considered abandoned and discarded.

**General Information**

The documentation that you are required to submit in support of your application depends in part on the type of application you are filing. Therefore, it is important to correctly identify the type of application:

- **Original License** – Apply for an original license if you
  - have certification from the American Board of Genetic Counselors (ABGC) or the American Board of Medical Geneticists (ABMG), but
  - do not meet the requirements for a license by reciprocity
- **Reciprocity** – Apply for a license by reciprocity when all of the following are true:
  - You hold a *current* license to practice genetic counseling in another jurisdiction (state, U.S. territory or District of Columbia), and
  - A jurisdiction where you hold a current license has licensing requirements that are at least equal to Delaware's requirements, and
  - No outstanding or unresolved complaints are pending against you.

Even if you hold a current license in another jurisdiction, you cannot be licensed by reciprocity if either of the other requirements is not met. For example, if you apply by reciprocity but the Council determines that no jurisdiction where you hold a current license has licensure requirements equal to those of Delaware, you would have to meet the requirements for original licensure, instead of reciprocity.

- **Provisional License** – Apply for a provisional license if ABGC has granted you Active Candidate Status.

**Requirements for All Applicants**

The following summarizes the documentation requirements for all applicants. The application form may request additional documentation based on your answers to the questions.

- ☐ Submit completed, signed and notarized [Application for Licensure as a Genetic Counselor](#) form.
  - Make sure all questions are answered unless the instructions tell you to skip a question.
  - Read the AFFIDAVIT section.
  - Sign the application in front of a notary public.
  - Forms that are incomplete, unsigned or not notarized will be rejected.
- ☐ Enclose [processing fee](#) by check or money order made payable to "State of Delaware."
  - Applications submitted without this processing fee will be rejected.
- ☐ Complete the [Criminal History Record Check Authorization](#) form to request state and federal criminal background checks. Follow the instructions on the form to arrange to be fingerprinted.
  - You must meet this requirement *even if* you recently had a criminal background check done for some other reason.

- ☐ If you already have ABGC or ABMG certification, arrange for the Council office to receive verification that you are certified as either a genetic counselor by the ABGC or ABMG or a medical geneticist by the ABMG. The certifying organization must send the verification *directly* to the Council office.
  - To request ABGC verification, see ABGC's [Credential Verification](#) web page.
  - To request ABMG verification, see ABMG's [Verification of Certification Status](#) web page.
- ☐ If you have ever been licensed to practice genetic counseling in another jurisdiction, arrange for the Council office to receive a "letter of good standing" sent *directly* from *each* jurisdiction where you have ever held a genetic counselor license.
  - Internet or faxed verifications will not be accepted because the state seal must be affixed to the document.
- ☐ If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).
  - *The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants:* Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.

#### **Additional Requirement for *Reciprocity* Applicants**

- ☐ Submit copies of the licensing/practice statutes and regulations pertaining to the practice of genetic counseling from each jurisdiction where you hold a current license.
  - The Council will determine the equivalency of the licensing requirements of the jurisdictions where you are currently licensed to those of Delaware.

#### **Additional Requirement for *Provisional License* Applicants**

When you become an active candidate for ABGC certification, you may apply for a provisional license to practice genetic counseling.

- A provisional license is valid for up to one year from date of issuance.
  - When you pass the certification examination, you must apply for an original license or license by reciprocity. When your original or reciprocity license is issued, the provisional license will automatically expire.
  - ***If you fail the examination, you must notify the Council office.*** You may renew the provisional license one time only.
- ☐ Arrange for the Council office to receive verification of your active candidate status, sent *directly* from ABGC to the Council office.
    - To request verification of active candidate status, see the [Request for ACS Candidate Verification](#) form and instructions on ABMG's [Verification of Certification Status](#) web page.



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GENETIC COUNSELORS COUNCIL

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## APPLICATION FOR LICENSURE AS A GENETIC COUNSELOR

### TYPE OF APPLICATION

1. Select the type of application you are filing (check one):

- ☐ **Original Licensure** – I hold certification from the American Board of Genetic Counselors (ABGC) or the American Board of Medical Geneticists (ABMG), but I do not meet the requirements for a license by reciprocity.
- ☐ **Reciprocity** – I hold a *current, active* license to practice genetic counseling in another jurisdiction that has licensing requirements equal to or exceeding the requirements for Delaware licensure.
- ☐ **Provisional License** – I have Active Candidate Status with the American Board of Genetics Counselors.

### IDENTIFYING AND CONTACT INFORMATION

2. Full Name: \_\_\_\_\_  
Last First Middle
3. Other Names Used: \_\_\_\_\_  
Include maiden, former married, alternate spellings.
4. Date of Birth (month/day/year): \_\_\_\_\_ Gender: Male ☐ Female ☐
5. Have you been issued a U.S. Social Security Number? Yes ☐ No ☐  
• If yes, enter your SSN: \_\_\_\_\_  
• If no, you must file a [Request for Exemption from Social Security Number Requirement](#).
6. Address: \_\_\_\_\_  
City State Zip
7. Phone: \_\_\_\_\_ daytime or cell fax Email: \_\_\_\_\_

### EDUCATION & CERTIFICATION INFORMATION

8. Enter the following information about your genetics counseling or medical genetics education.

INSTITUTION	LOCATION	DATES ATTENDED		DEGREE
		From	To	

9. Do you hold certification as a medical geneticist or genetics counselor from ABGC or ABMG? Yes ☐ No ☐
- **If yes, arrange for the Council office to receive verification that you are certified as either a genetic counselor by the ABGC or ABMG or a medical geneticist by the ABMG, sent *directly* from the certifying organization.** Then skip to the INFORMATION ABOUT LICENSURE & PRACTICE section.
  - If no, continue to the next question.
10. Do you have active candidate status from ABGC? Yes ☐ No ☐ If yes, arrange for the Council office to receive verification of your active candidate status, sent *directly* from ABGC to the Council office.

## INFORMATION ABOUT LICENSURE & PRACTICE

11. Are any disciplinary actions or complaints pending against you before any body that regulates the practice of genetic counseling Yes ☐ No ☐ If yes, identify where the action is pending and describe the complaint/action. Include the anticipated date of resolution, if known: \_\_\_\_\_
12. Have you ever had a genetic counseling license denied, revoked, suspended or limited or placed on probation? Yes ☐ No ☐ If yes, explain circumstances and outcome. **Enclose a copy of the disciplinary order:** \_\_\_\_\_
13. Do you now hold, or have you ever held, a license as a genetic counselor in any State, District of Columbia, or US territory? Yes ☐ No ☐ If yes, enter information about each license:

JURISDICTION	LICENSE NUMBER	EXPIRATION DATE

**Arrange for the Council office to receive a “letter of good standing” *directly* from *each* jurisdiction where you have ever held a genetic counselor license. If you are applying by reciprocity, also submit copies of the licensing/practice laws and regulations pertaining to the practice of genetic counseling from all jurisdictions where you hold a current license.**

## HEALTH AND DISABILITY

14. Within the two years preceding this application, have you had a physical or mental disability which could reasonably be thought to interfere with your practice as a genetic counselor, including use or abuse of dangerous or addicting substances? Yes ☐ No ☐
- **If yes, explain on a separate sheet and enclose with this application.**
  - If no, skip to the DISCLOSURES section.
15. Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? Yes ☐ No ☐ **If yes, explain on a separate sheet and enclose with this application.**
16. Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or the manner in which you have chosen to practice? Yes ☐ No ☐ **If yes, explain on a separate sheet and enclose with this application.**

## DISCLOSURES

17. Have you ever been convicted or entered a plea of guilty or *nolo contendere* (no contest) to any felony or misdemeanor or any other criminal offense, including any offense for which you have received a pardon, in any jurisdiction? Yes ☐ No ☐

**Arrange for the Council office to receive a criminal background check.**

18. Have you ever been disciplined by a healthcare facility or any entity governing genetic counseling licensure? Yes ☐ No ☐ **If yes, explain on a separate sheet and attach to this application. Enclose a copy of the disciplinary action.**
19. Have you ever been the subject of an investigation by a licensing authority, medical association, hospital or other healthcare institution? Yes ☐ No ☐ If yes, provide a copy of any documents in your possession related to the final disposition of the investigation and continue with Question 20. If no, skip to the DUTY TO REPORT section.
20. Do you agree to sign an authorization for the Board of Medical Licensure and Discipline and the Division of Professional Regulation to obtain any and all information concerning the disposition of the investigation directly from the licensing authority, medical association, hospital or other healthcare institution? Yes ☐ No ☐

## DUTY TO REPORT

21. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** obligation to file a written report with the Board of Medical Licensure and Discipline within 30 days if you have any reason to believe that a medical practitioner *other than yourself* is (or may be) guilty of unprofessional conduct as defined in 24 Del. C. §1731 OR that he/she is (or may be):
- medically incompetent
  - mentally or physically unable to engage safely in the practice of medicine
  - excessively using or abusing drugs including alcohol.

I certify that I have read and understand the provisions of [24 Del. C. §1730, 24 Del. C. §1731 and 24 Del. C. §1731A](#) and that I understand my *duty to report*. Yes ☐ No ☐

22. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** obligation to make an immediate oral report to the Department of Services for Children, Youth and Their Families if you know of, or you suspect, child abuse or neglect under Chapter 9 of Title 16 and to follow up with any requested written reports.

I certify that I have read and understand [16 Del. C. §903](#) and that I understand my *duty to report*. Yes ☐ No ☐

23. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** obligation to self report all of the following:
- Any change in hospital allied healthcare privileges and any disciplinary action taken by any medical society against you within 30 days (24 Del. C. §1730(b)(1))
  - Any civil or criminal investigation in any jurisdiction which concerns your certification or license or other authorization to practice medicine within 30 days (24 Del. C. §1730(b)(2))
  - All information concerning medical malpractice claims settled or adjudicated to final judgment, as provided in Chapter 68 of Title 18, within 60 days. (24 Del. C. §1730 (c))
  - Each final judgment, settlement, or award against you regardless whether you have malpractice insurance, within 30 days of the final judgment, settlement, or award. (24 Del. C. §1731A (f))
  - Any reports filed against you with the Department of Services for Children, Youth and Their Families under Chapter 9 of Title 16 concerning child abuse or neglect (24 Del. C. §1730 (d))
  - Any reports filed against you to the Division of Long Term Care Residents Protection under Chapter 85 of Title 11 concerning adult abuse, neglect, mistreatment or financial exploitation (24 Del. C. §1730 (d))

I certify that I have read and understand all of provisions in the [Delaware Medical Practice Act](#), including those listed above, and understand my *duty to self report*. Yes ☐ No ☐

**To assure consideration of your license application at the next Council meeting, the Division must receive all of these items no later than 4:30 PM ten full working days before the Council's meeting date:**

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

**Applications that are not complete within six months of filing may be considered abandoned and discarded.**

**Please note: When your application is complete, allow 4-8 weeks to receive your permanent license (whether or not a provisional license has been issued).**

## AFFIDAVIT

I swear all of the following:

- I am the person who executed this application.
- The statements contained on this application are true in every respect.
- I have not suppressed or withheld information that might affect this application.
- I will abide by the laws and the ethical standards of this profession.
- I have read and understand this statement.

I further understand that by filing this application for a Genetic Counselor in the State of Delaware, I hereby authorize and consent to have an investigation conducted to determine my professional qualifications, to determine if I have previously engaged in unprofessional conduct as defined in 24 *Del. C.* §1731 or the Board of Medical Licensure and Discipline and Council's Rules and Regulations and to determine that I am physically and mentally capable of engaging in the practice of acupuncture with safety to the public.

I authorize the Council of the Board of Medical Licensure and Discipline and request every person, hospital, clinic, community, governmental agency (local, state, federal or foreign), court, association, institution or other organization having control of any documents, records or other information pertaining to me, to furnish to the Board of Medical Licensure and Discipline any such information, including document, records regarding charges or complaints filed against me, formal or informal, pending or closed, other pertinent data and to permit the Board of Medical Licensure and Discipline or any of its agents or representatives to inspect and make copies of such documents, records, and other information, in connection with this application, subsequent licensure or practice thereunder.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

City of \_\_\_\_\_ County of \_\_\_\_\_

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

Signature of Notary: \_\_\_\_\_

SEAL

My Commission Expires: \_\_\_\_\_

***APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR NOT ACCOMPANIED BY THE  
REQUIRED FEE WILL BE REJECTED.***

# Instructions for Requesting a Criminal Background Check

***Both state and federal criminal background checks are required.***

## Locations

### **Kent County – Primary Facility**

State Bureau of Identification  
Blue Hen Mall & Corporate Center  
655 Bay Rd. Suite 1B  
Dover, DE 19901

***Walk-ins accepted:*** Mon 9 am – 7 pm, Tue - Fri 9 am – 3 pm  
Customer Service: (302) 739-2134

### **New Castle County - Satellite Facility**

State Police Troop Two  
100 LaGrange Ave  
Newark, DE 19702  
(Between Rts. 72 and 896 on Rt. 40)  
***By appointment only***  
Scheduling: (302) 739-2528 (local)  
(800) 464-4357 (toll free)

### **Sussex County – Satellite Facility**

Delaware State Police Troop Four  
South DuPont Hwy & Shortley Rd. Georgetown DE  
19947  
(Across from DelDOT & the State Service Ctr.)  
***By appointment only***  
Scheduling: (302) 739-2528 (local)  
(800) 464-4357 (toll free)

## Applicants Residing in Delaware

1. If you are using the New Castle or Sussex Counties locations, call **(800) 464-HELP (4357)** to schedule an appointment. No appointments are needed at the Kent County location.
2. Take the completed *Authorization for Release of Information* form to one of the offices listed above with the fee of \$69.00, to cover both the State and Federal criminal checks. Money orders and credit cards other than American Express are accepted at all locations. New Castle and Kent Counties accept cash; Sussex County does not accept cash. *Personal checks are not accepted in any county.* As fees are subject to change, contact the agency where you plan to submit your forms for current fees.

## Out-of-State Applicants

1. You can be fingerprinted by your local police agency. All types of fingerprint cards are accepted. If your local police agency cannot provide a fingerprint card, call **(302) 739-2134** to request a fingerprint card.
2. Your *Authorization for Release of Information* form and fingerprint card must be complete. If identifying information is missing (such as name, date of birth, race, sex, etc.), your form will be returned. Send the *Authorization* form, fingerprint card, and certified check or money order (*personal checks are not accepted*) for \$69.00 made payable to "Delaware State Police" to:

**Delaware State Police  
State Bureau of Identification (SBI)  
PO Box 430  
Dover, DE 19903-0430**

⇒ **ALLOW FOUR WEEKS FOR RECEIPT OF RESULTS.**

**DO NOT SEND THE FORM OR FEE TO THE BOARD OFFICE**



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## AUTHORIZATION FOR RELEASE OF INFORMATION

### CRIMINAL HISTORY RECORD CHECK FOR PROFESSIONAL LICENSURE APPLICANTS

PLEASE PRINT OR TYPE ALL INFORMATION IN BLACK INK.

#### CHECK TYPE OF LICENSURE FOR WHICH APPLYING:

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Entertainment   | <input type="checkbox"/> Nursing                    |
| <input type="checkbox"/> Deadly Weapons Dealer | <input type="checkbox"/> Nursing Home Administrator |
| <input type="checkbox"/> Dental                | <input type="checkbox"/> Pharmacy                   |
| <input type="checkbox"/> Medical               | <input type="checkbox"/> Texas Hold'em Dealer       |

#### ENTER FULL CURRENT NAME:

_____	_____	_____	_____
Last Name	First Name	Middle Initial	Suffix (e.g., Jr., Sr.)

#### ENTER ALL OTHER NAMES USED IN THE PAST (including, but not limited to, maiden name, former married names, alternative spellings):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

## AUTHORIZATION TO RELEASE INFORMATION

As an applicant, I authorize release of any and all information that you have concerning me, including **CRIMINAL HISTORY RECORD INFORMATION** and other information of a confidential or privileged nature. I hereby release you, your organization, the State of Delaware and others from any liability or damage which may result from furnishing this information:

**SIGNATURE OF PERSON PRINTED:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work: \_\_\_\_\_

#### MAIL THE RESULTS OF MY CRIMINAL HISTORY REQUEST TO:

Division of Professional Regulations  
861 Silver Lake Boulevard, Suite 203  
Dover DE 19904  
SLC D420A

USE OF CRIMINAL HISTORY RECORD INFORMATION IS RESTRICTED BY LAW AND SHALL BE LIMITED TO THE PURPOSE FOR WHICH IT WAS GIVEN. MISUSE CONSTITUTES A CRIMINAL VIOLATION.